

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 550

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 537 Red Springs Carson Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Roberto Ruiz

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

Nov. 16 - 1929
Month Day Year

8. FATHER

Full name

Bernabe Ruiz

9. Residence
(Usual place of abode)

Miami, Arizona
If non-resident, give place and state.

14. MOTHER

Full maiden name

Enselma Hill

15. Residence
(Usual place of abode)

Miami, Arizona
If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 28 (Years)

16. Color or race

Mex

17. Age at last birthday 17 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco, Mex.

18. Birthplace (city or place)

(State or country)

Sonora, Mex.

13. Occupation

Nature of industry

Miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

3

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. m. on the date above stated.
(Born alive or stillborn.)

Signature

Eugene M. Brown M.D.
Physician
(Physician or midwife.)

Address

Miami, Arizona

Filed

Dec 9 29

Registrar

Registrar

999 - 1116 - 583

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year